Online Enrollment Guide Flexible Spending Account

State of Delaware Flexible Spending Account Plan

Online Enrollment and Elections



YOU MUST ENROLL EACH PLAN YEAR online during Open Enrollment to continue participation in the FSA Program. Elections **DO NOT** rollover to the next plan year automatically. If you do not enroll during Open Enrollment, then you must wait until the next Open Enrollment Period or until a qualifying event occurs that would justify a mid-year election change.

Please enter your Employee Identification Number:
State of Delaware Flexible Spending Account Plan Online Enrollment and Elections
Please Enter the first 3 letters of your last name: Please enter the initial of your first name:

Access the ASIFlex Online Enrollment Site

Enter your Employee Identification Number (Six-digit Employee ID PLUS the last four digits of the Social Security Number).

Click "Continue".

Enter the first three letters of last name and then the initial of first name.

Click "Continue".

Employees may be prompted to enter full first name, last name or re-enter Employee Identification Number (Employee ID plus the last four digits of your social security number) for verification purposes.

Why doesn't the system recognize my information?

If system does not recognize your information, it may be due to:

- **Did not enter the Employee Identification Number correctly**. It is your 6 digit employee ID, plus the last four digits of your social security number (no dashes or spaces).
- **Did not enter name correctly**. The name provided to ASI is what is entered into PHRST. This will include initials, hyphenations, pre-fixes, suffixes, etc.

Make your selection from the list of available choices below:	
 Flexible Spending Account Elections Mass Transit / Van Pool Elections Parking Elections Log out 	

Select "Flexible Spending Account Elections".

Click "Continue".

Note: If you wish to make a change to your FSA Open Enrollment elections, you may login and enroll again anytime during Open Enrollment using this procedure. The last enrollment submitted will be applied to your FSA participation.

Health Care Account (HCFSA)

If you wish to participate:

Select "Health Care Account".

Select either Pay Period or Annual to enter your deductions.

You may then enter either the Pay Period Amount or Annual Amount.

Click "Calculate".

Click "Continue".

If you **do not** wish to participate:

Select "Decline".

Click "Continue".

Flexible Spending Account Elections **Health Care Account** You may choose to participate in a health FSA plan or you may decline to enroll in this portion of the program: Health Care Account Decline, I realize I am forfeiting this cost-saving benefit. HCSA Out-of-pocket medical, dental, vision, hearing expenses not paid by Insurance for you and your qualifying dependents Prescription Drug and Office Visit Co-pays Coinsurance, Deductibles X-ray, Lab, Hospital, Doctor expenses Mileage to/from health care providers Over-the-Counter health care products Over-the-Counter medicines/drugs Vision exams, eyeglasses, prescription sunglasses, over-the-counter reading glasses Contact lenses, cleaning solutions, vision correction surgery Dental exams, x-rays, filings, crowns, bridges, dentures, denture adhesives, occlusal guards, orthodontia · Hearing exams, hearing aids and batteries Would you like to enter your elections by pay period or total for the plan year? Pay Period Total for the plan year Please enter the Annual Amount you would like to have deducted. Then click on the Calculate button to have the Pay Period Amount calculated based on the number of pay periods for the year. Pay Period Pay Periods **Annual Amount** Amount \$2,750.00 / 26 = \$105.77 Calculate

Dependent Care Account (DCFSA)

If you wish to participate:

Select "Dependent Care Account".

Select either Pay Period or Annual to enter your deductions. You may then enter either the Pay

Period Amount or Annual Amount.

Click "Calculate".

Click "Continue".

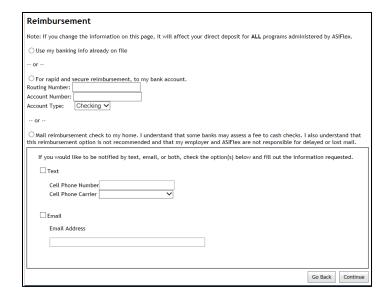
You will be required to confirm the age and number of dependents covered under the Dependent Care FSA when enrolling.

If you do not wish to participate:

Select "Decline".

Click "Continue".

Flexible Spending Account Elections
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Dependent Care Account
You may choose to participate in the dependent care FSA plan or you may decline to enroll in this portion of the program:
CAUTION! Do not put money into the Dependent Care Account for health care expenses. The Dependent Care Account is for
work-related day care.
Dependent Care Account
Decline, I realize I am forfeiting this cost-saving benefit.
Dependent Care Account Child or adult daycare expenses while you work, look for work, or while your spouse is in full-time school
Note: This is not health care
Minimum Election - \$50.00 Maximum Election - \$5,000.00 (\$2,500.00 if married, filing separate tax returns)
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Work-related child or adult daycare expenses Preschool (pre-kindergarten)
Preschool (pre-kindergarteri) Nursery school
Before school or after school care
Day camps
Adult care for qualifying dependent age 13 or older
Would you like to enter your elections by pay period or total for the plan year?
Pay Period
Total for the plan year
Please enter the Annual Amount you would like to have deducted. Then click on the Calculate button to have the Pay Period
Amount calculated based on the number of pay periods for the year.
Total for the Plan Pay Periods Pay Period Year Amount
\$5,000.00 / 26 = \$192.31 Calculate



Reimbursement

Select preferred method of reimbursement.

Select your preferred notification method (*you may select both*).

Click "Continue".

Debit Card

Choose **Yes** or **No** to indicate if you wish to receive a debit card. If you are a current debit card holder, you **MUST** choose yes if you would like your card to be funded for the new plan year.

Click "Continue".



Debit Card Application for Health Care FSA

Complete the Debit Card Application. Click "Continue".

<u>IMPORTANT</u>: The ASIFlex Debit Card provides a convenient method to pay for out-of-pocket health care expenses. The debit card is **NOT** paperless and **DOES NOT** eliminate paperwork.

Review Before Sending

Review and confirm your elections. (Use "Go Back" to change your enrollment elections. Do not use the web browser navigation to return to a page, otherwise **ALL** information will be **LOST**. The enrollment will **NOT** be completed.)

Click "Confirm" to complete your enrollment.

Your Elections Have Been Recorded

Print or save this page for your records.

IMPORTANT: It is highly recommended to print or save this screen for your records. A copy of the confirmation will be **REQUIRED** for any enrollment corrections.

Click "EXIT".

